# Getting in the Door: A Public Health Approach to Excessive Alcohol Use

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**National Institutes of Health**
**U.S. Department of Health and Human Services**

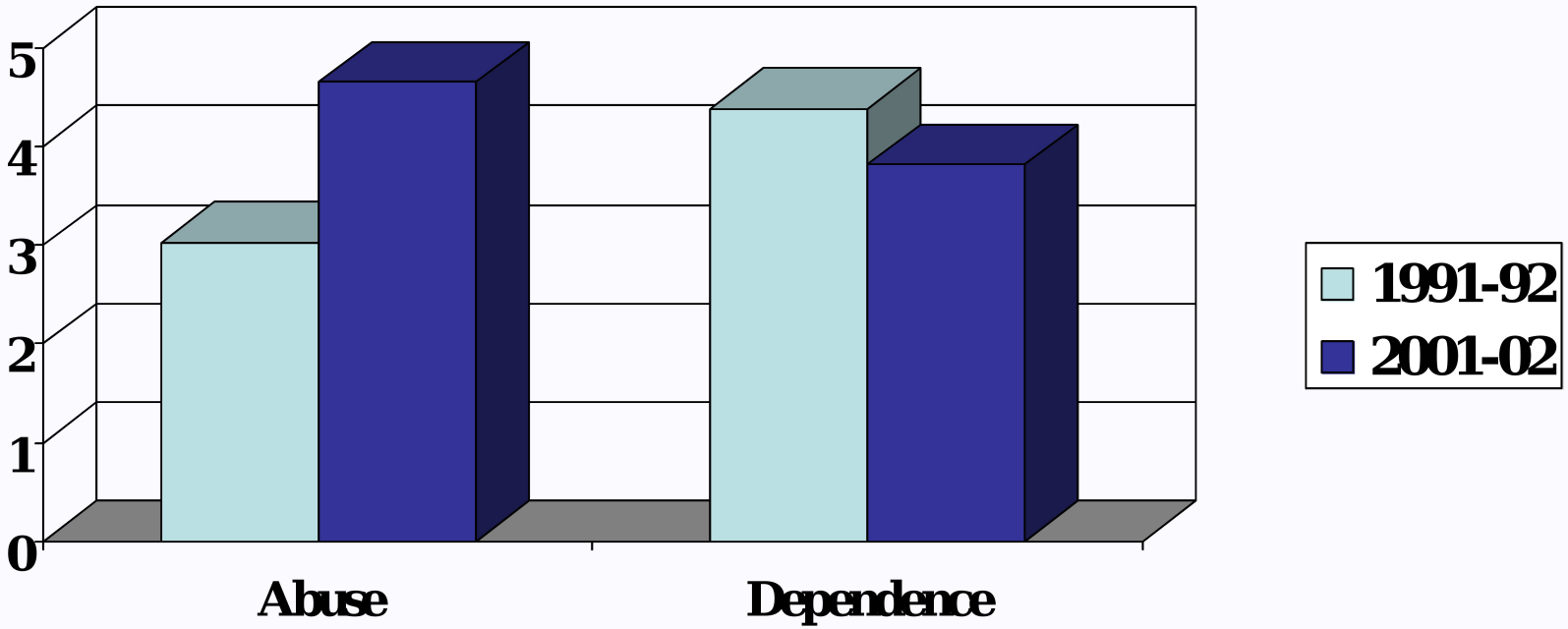
NIAAA

National Institute on Alcohol Abuse and Alcoholism

NIAAA

# Reducing the Public Health Burden of Excessive Alcohol Use


# Alcohol Use Disorders: 12 Month Prevalence 1991-92 to 2001-02, U.S.




**Estimated annual cost (US): $185 billion**

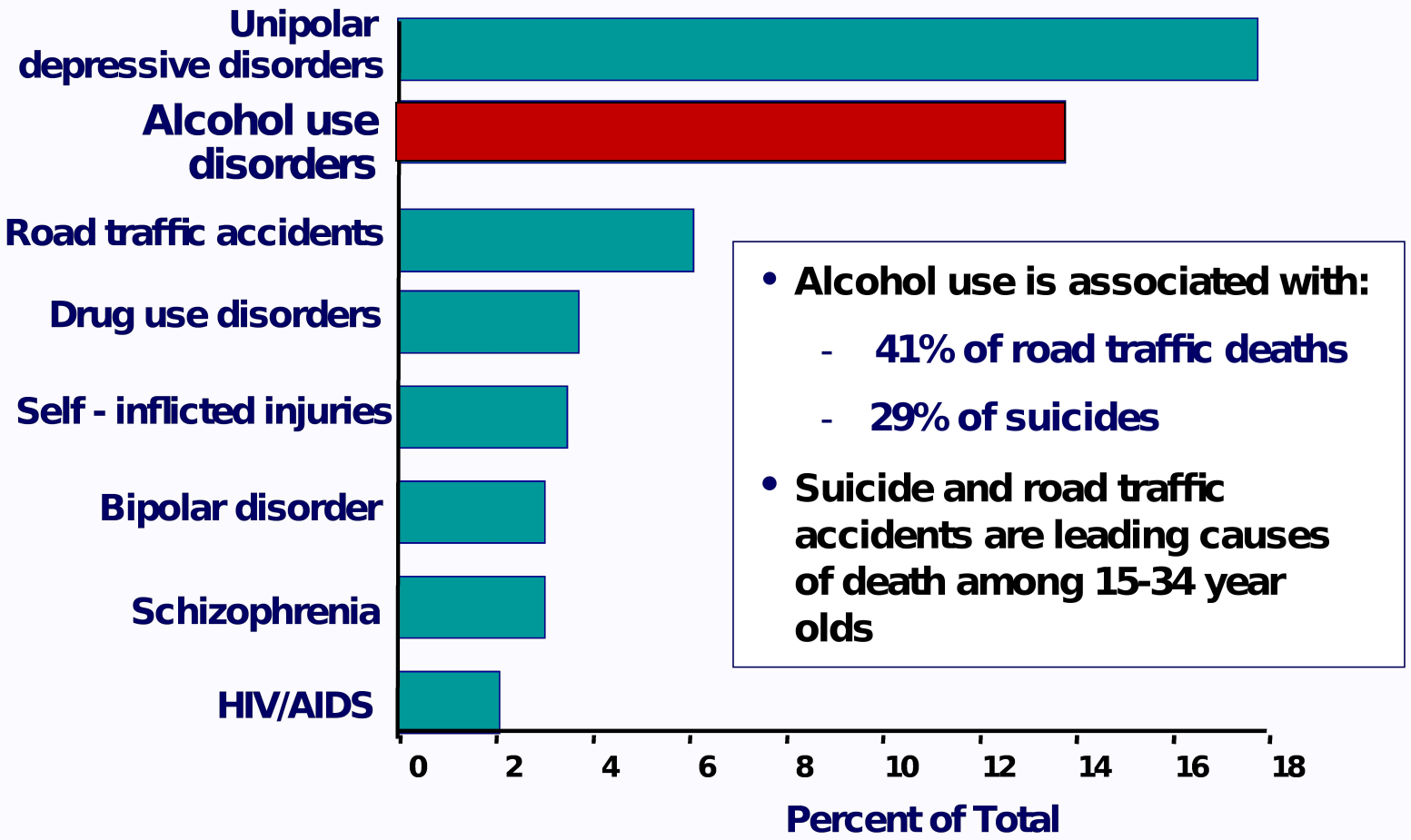
Source: NIAAA

# Actual Causes of Death,[1] United States - 2000

| Actual Cause | No (%) in 2000 |
|---|---|
| **Tobacco** | **435,000 (18.1)** |
| **Poor diet and physical inactivity** | **365,000 (15.2)** |
| **Alcohol Consumption** | **85,000 (3.5)** |
| **Microbial agents** | **75,000 (3.1)** |
| **Toxic agents** | **55,000 (2.3)** |
| **Motor vehicle** | **43,000 (1.)** |
| **Firearms** | **29,000 (1.2)** |
| **Sexual behavior** | **20,000 (0.8)** |
| **Illicit drug use** | **17,000 (0.7)** |

Mokdad AH, Marks JS, Stroup DF, Gerberding JL. JAMA (2004). 29:1238-45;
Mokdad AH, Marks JS, Stroup DF, Gerberding JL. (2005). JAMA 1[illegible]

# Disease Burden by Illness – DALY* United States, Canada and Western Europe, 2000 15 - 44 year olds




*disability-adjusted life year

***WHO – Burden of Disease Statistics, 2001***

# Logistic Regression Model of Risk of Death

| Midlife Risk Factors | Odds of Dying Before Age 85 |
|---|---|
| Ever smoker | 1.94 |
| Glucose ≥200 mg/dl | 1.64 |
| High alcohol consumption (≥3 drinks/day) | 1.58 |
| Hypertension | 1.45 |
| Overweight (BMI ≥25) | 1.13 |

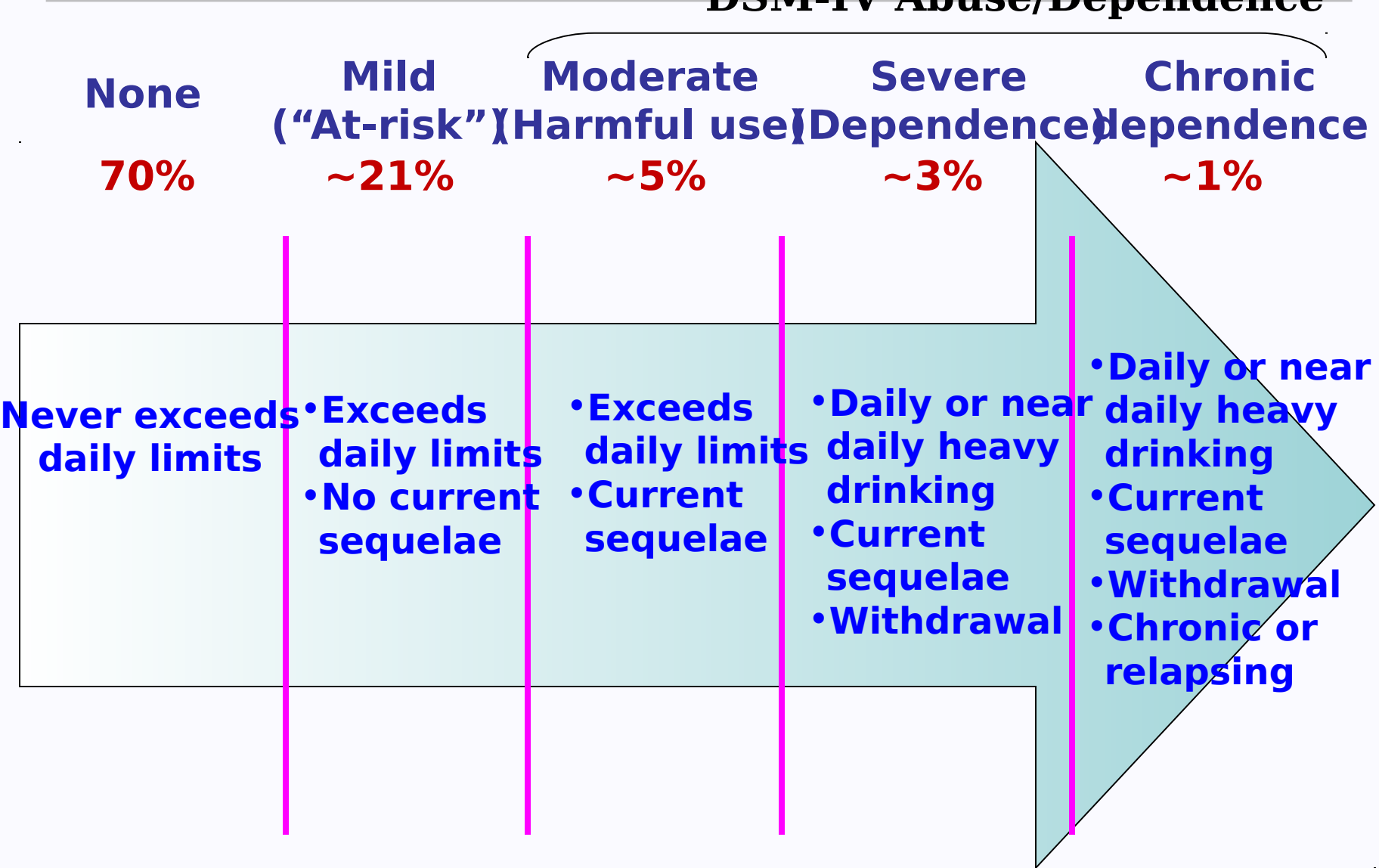
Willcox et al. JAMA 2006:296:2343-2350

# How Large Is the Public Health Burden of Excessive Alcohol Consumption?

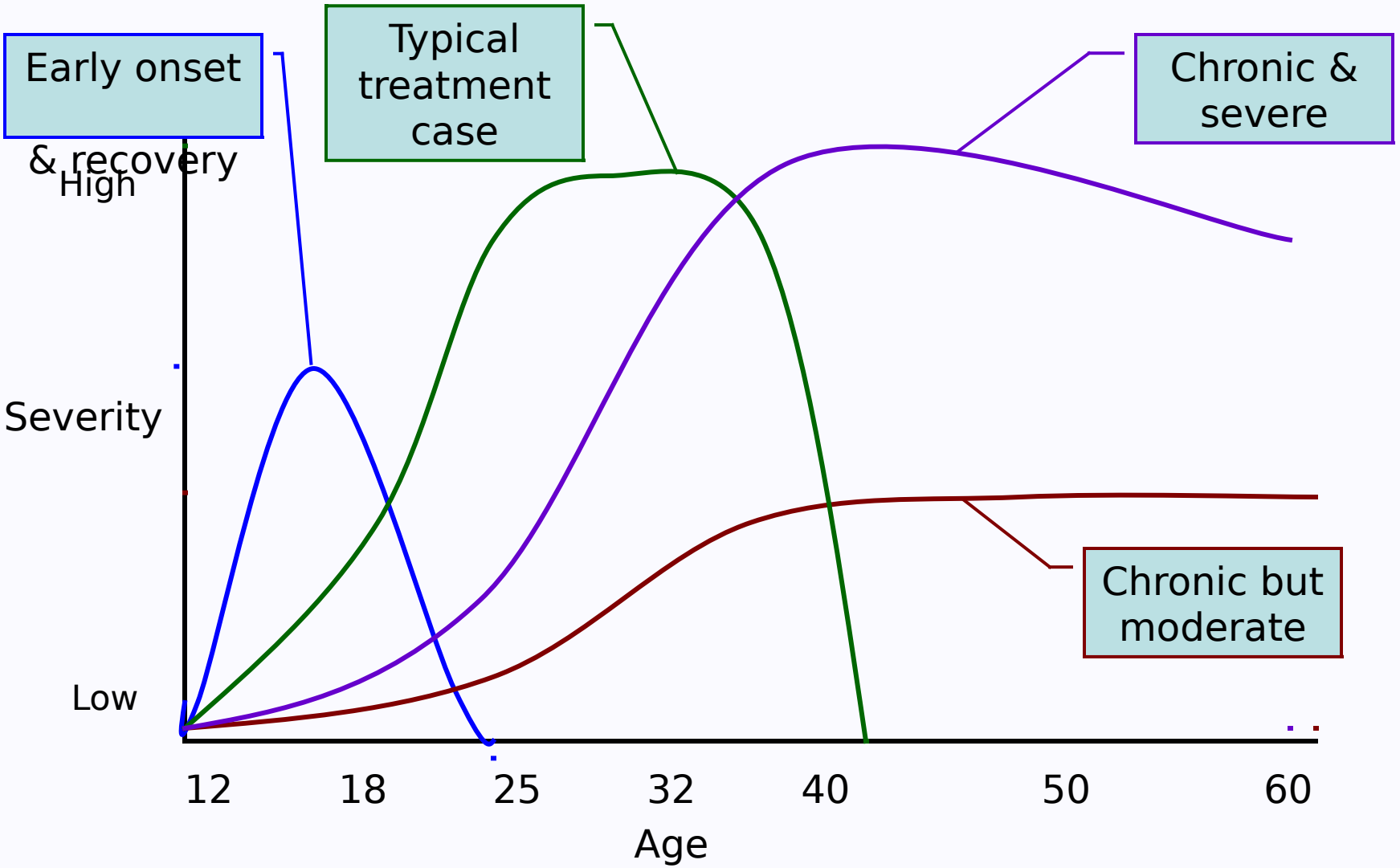
## Answer: Very Large- In the Same Range as Depression, Hypertension & Diabetes

# How Well Does the Current Health Care System Address This Burden?

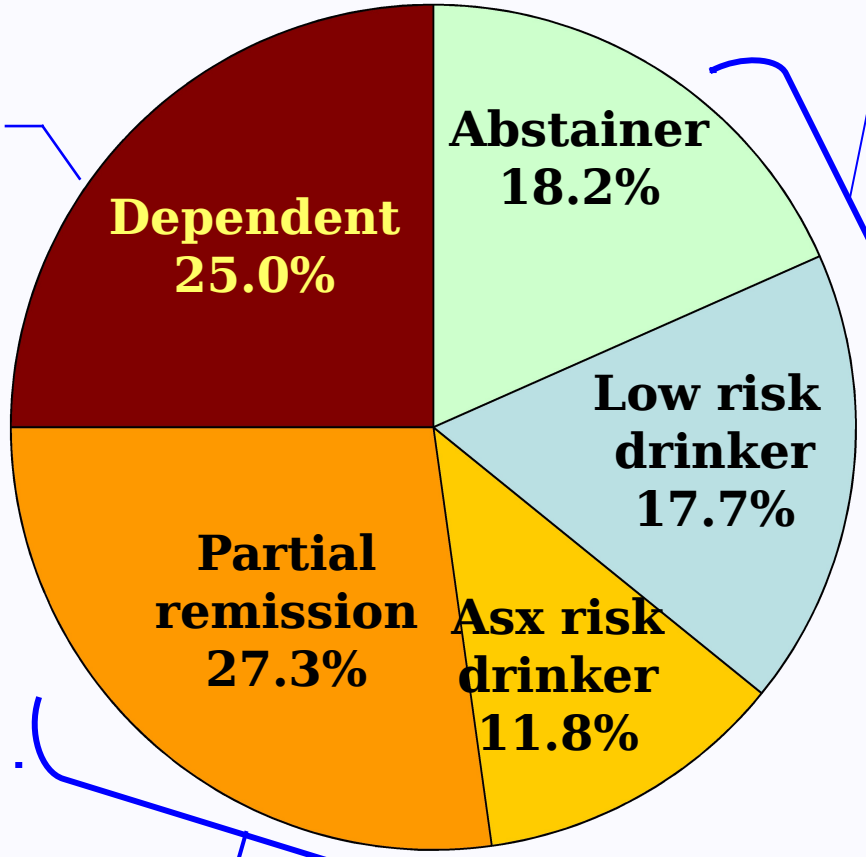
# Heterogeneity of Alcohol Use: Diagnosis



# Heterogeneity of severity: Course



# Current Status of Adults with Prior to Past Year Dependence

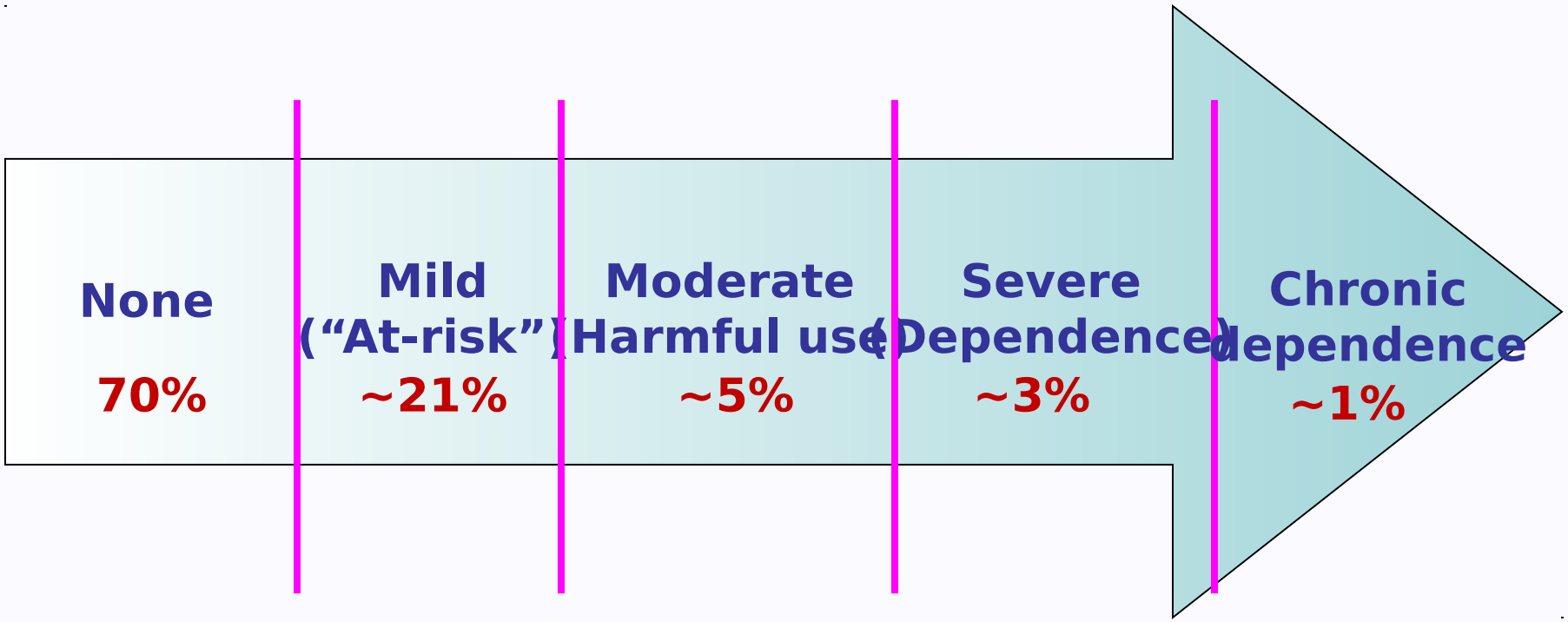



**Still Dependent 25%**

**Full Remission 36%**

**Partial Remission 30%**

Source: NIAA



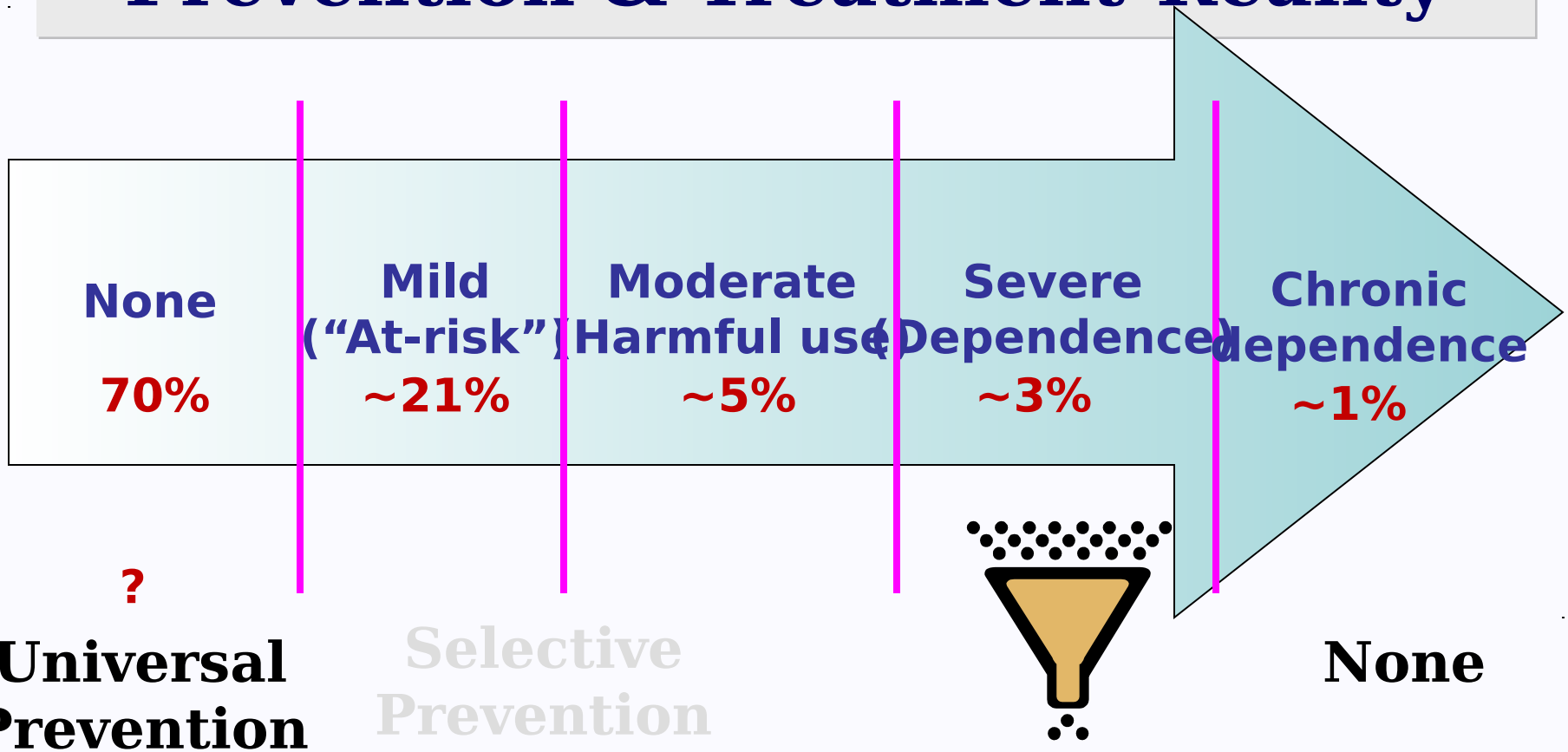

**Universal Prevention**

**Selective Prevention (SBI)**

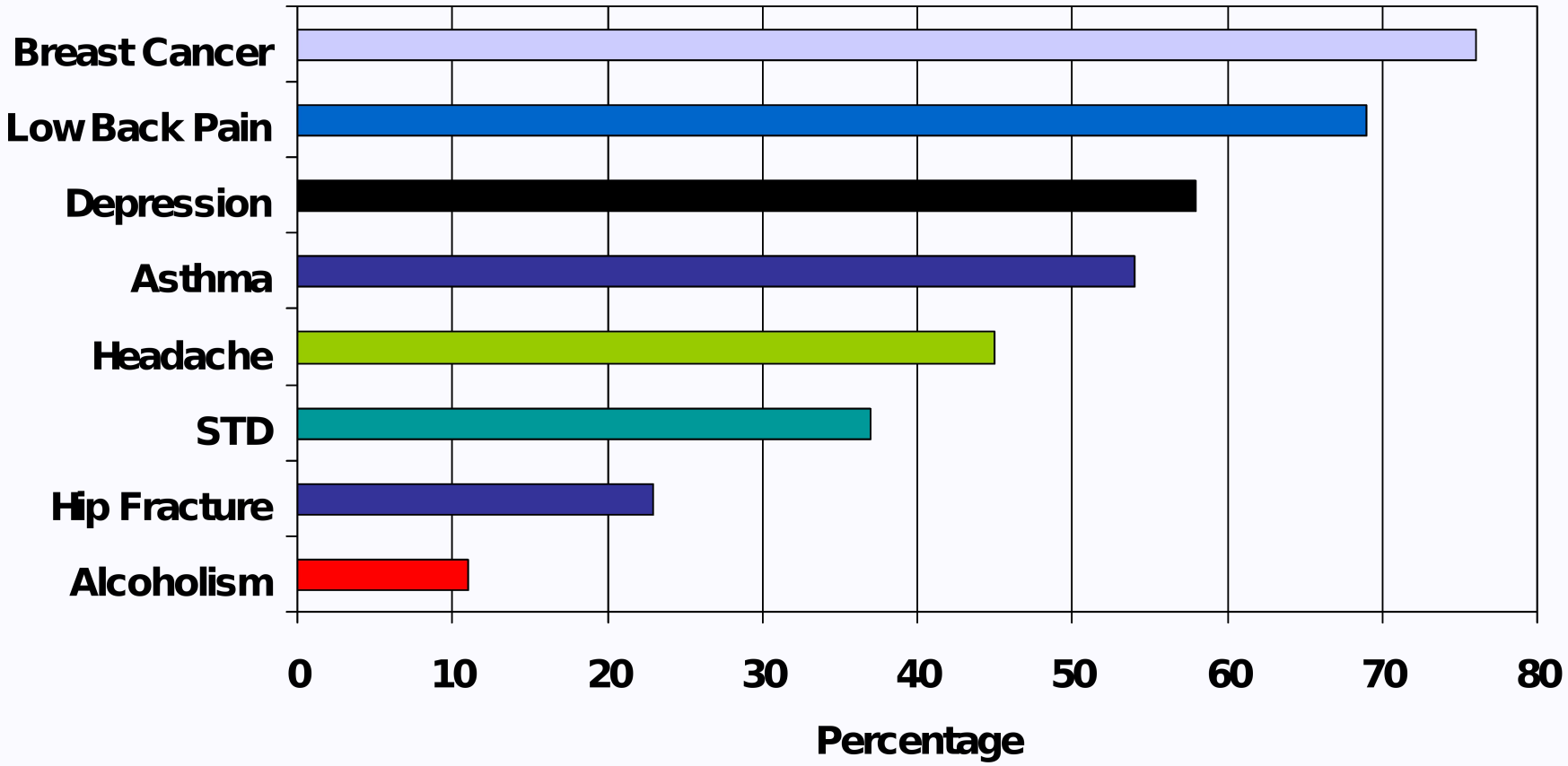
**Remission-oriented Time limited Rehabilitation (*"Treatment"*)**

**None**
**Treatment of Complications Only**

# Heterogeneity of Alcohol Use: Prevention & Treatment-Reality



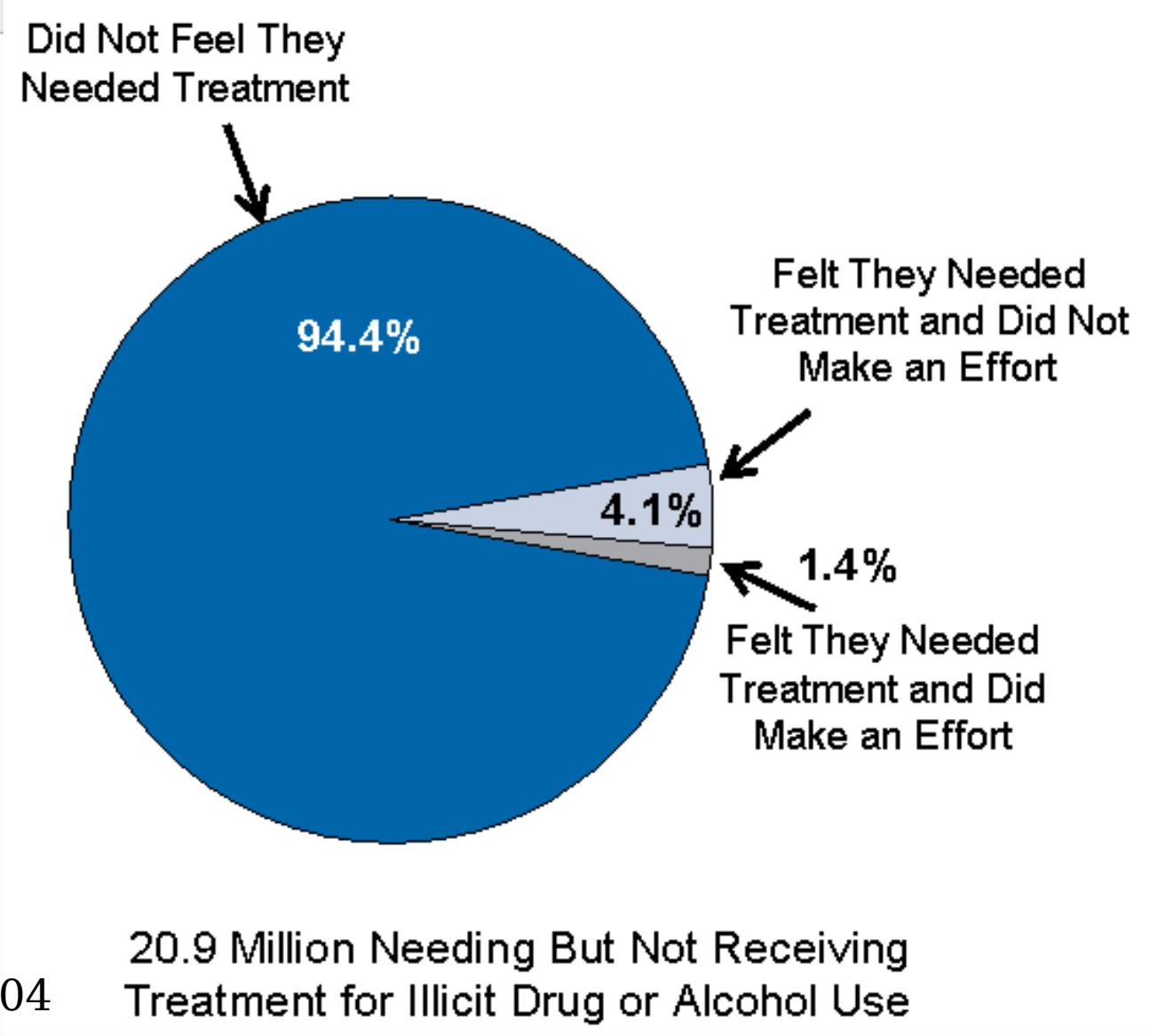
# Quality of care for alcohol dependence was the worst among 30 acute & chronic conditions




McGlynn et al., N Engl J Med 2003;348:2635-45.

# Heterogeneity of Alcohol Use: Prevention & Treatment-Reality

# 94% perceive no need for treatment




NSDUH 2004

# How Well Does the Current Health Care System Address This Burden?

**Answer: Very Poorly- Quality of care is the worst of 30 common conditions**

# How Can We Address the Public Health Burden of Excessive Alcohol Use More Effectively?

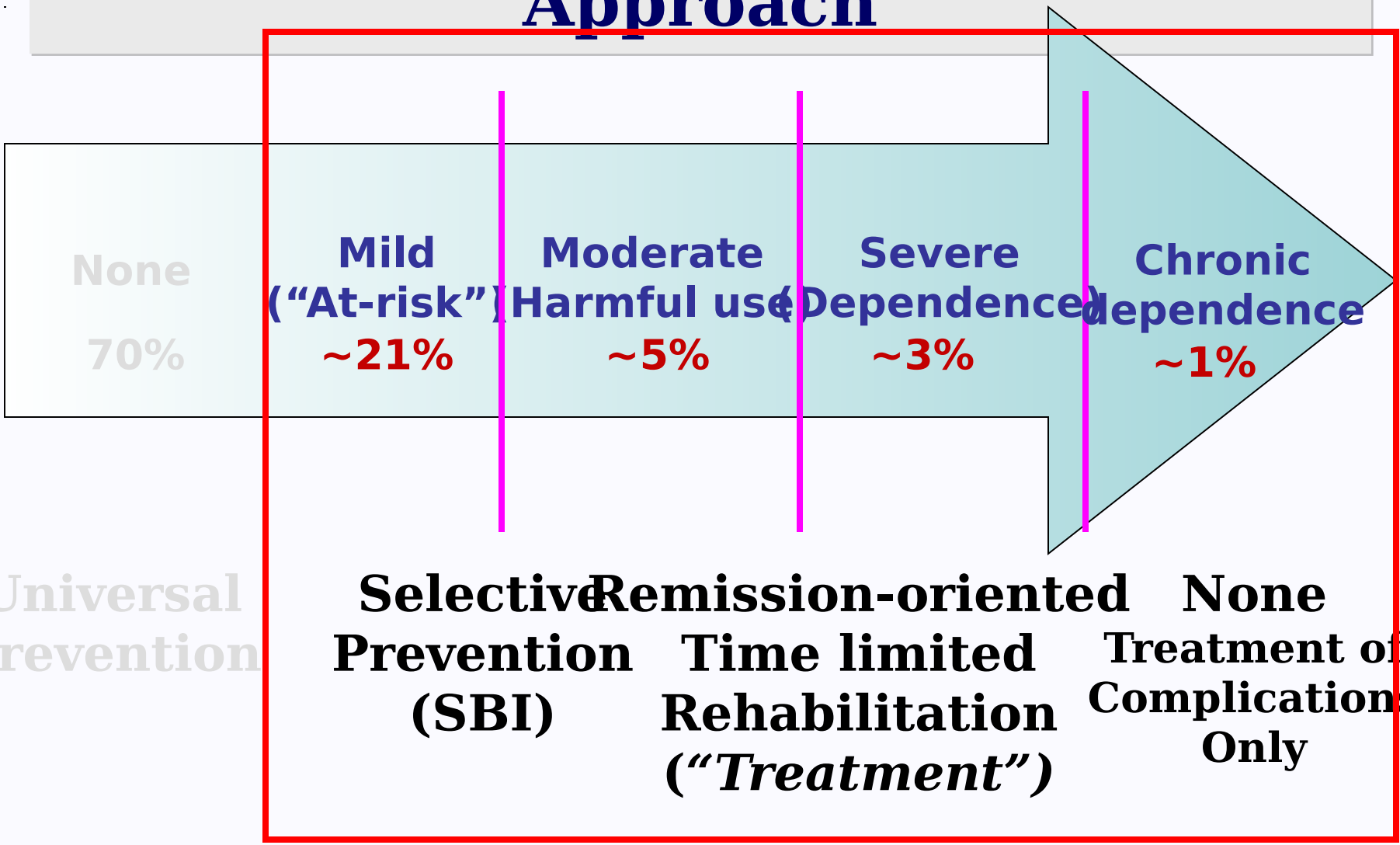

# Fishing in the Deep Blue

# The Big Picture

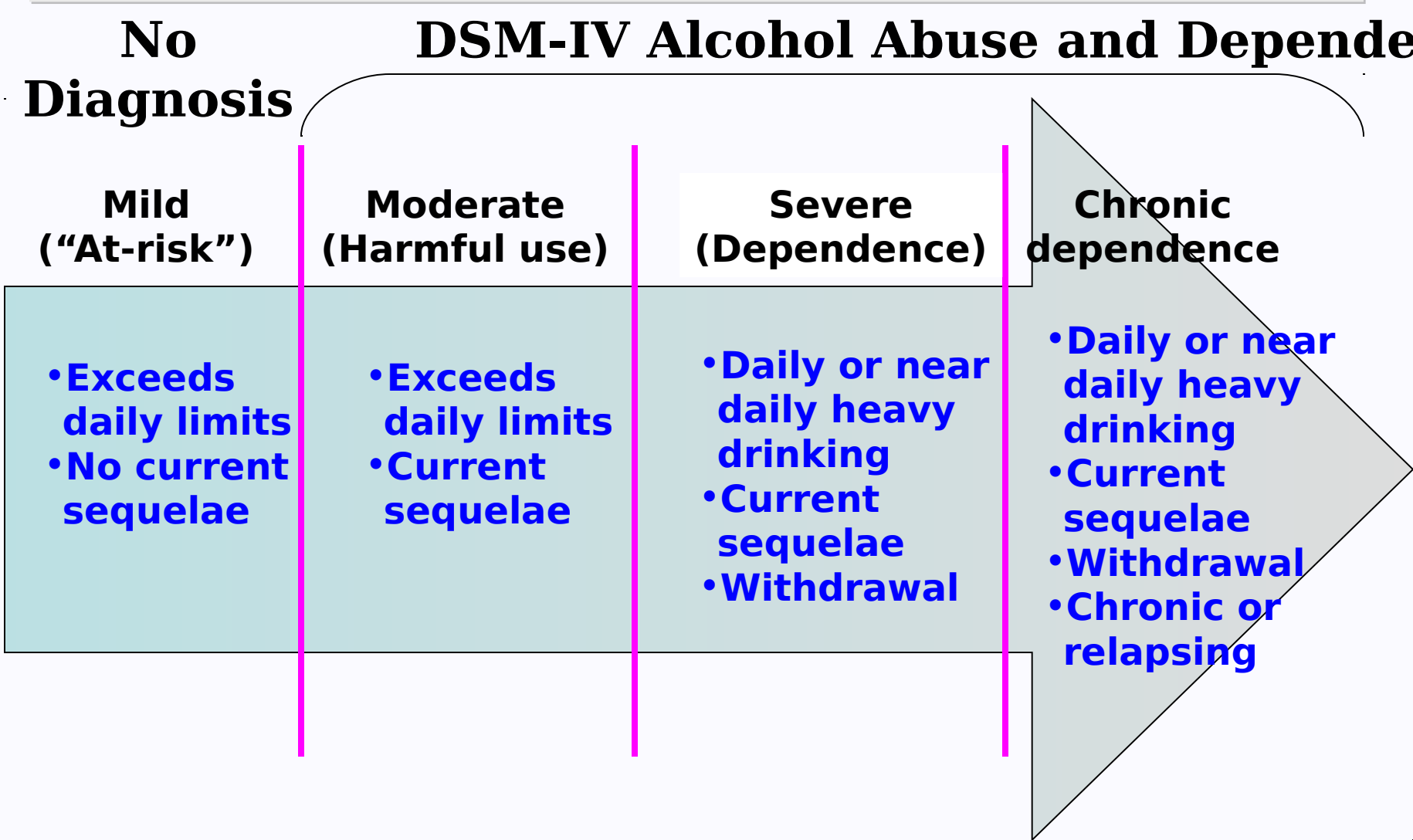
# The Big Picture

- **Public health approach**
- **We have not significantly reduce prevalence of AUDs or improved community treatment outcomes**
- **Evolution of both research and treatment fields**
  - **What are alcohol use disorders?**
  - **Heterogeneity of diagnosis, course, treatment response**

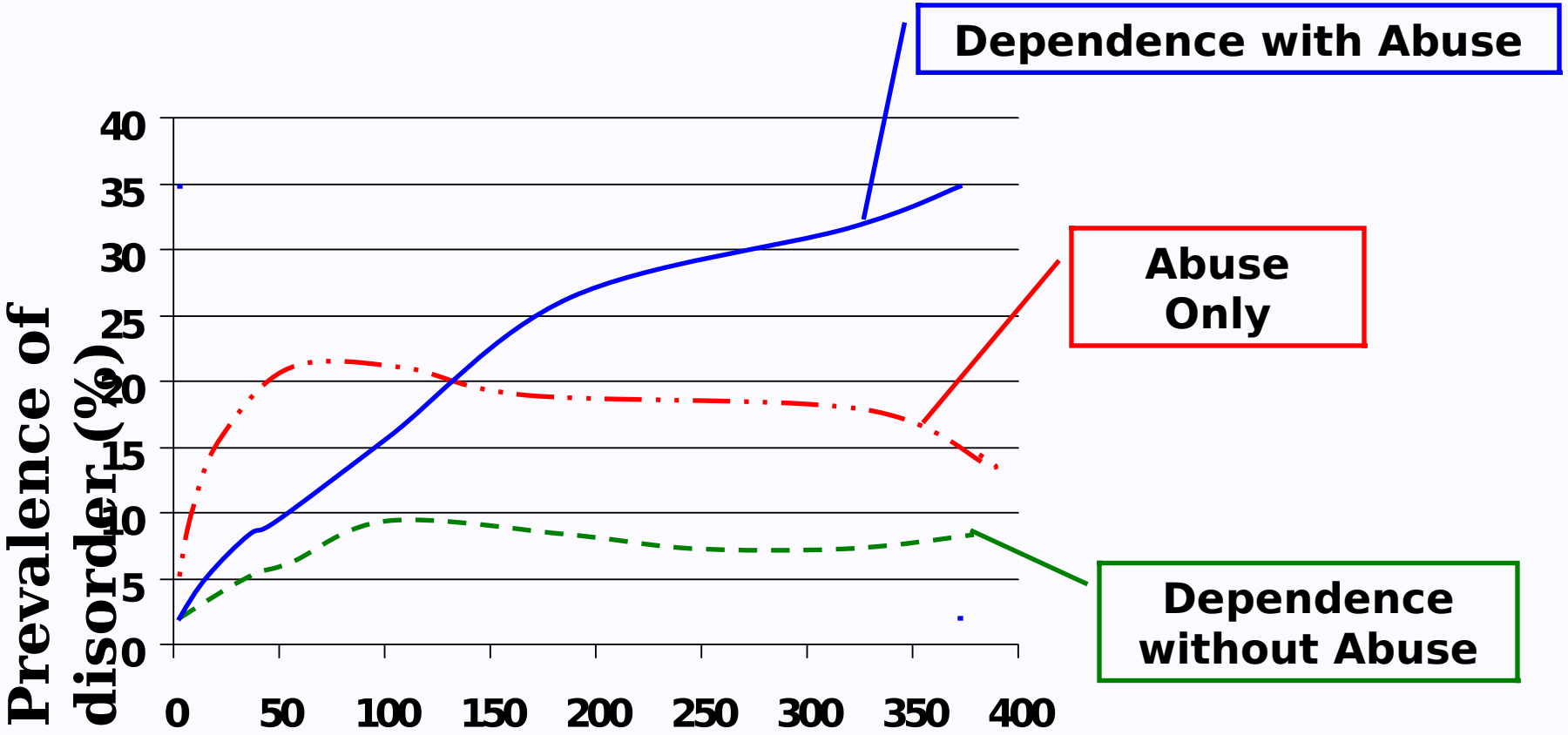
# Heterogeneity of Alcohol Use: Prevention & Treatment-Current Approach



# Current Diagnosis of Alcohol Use Disorders

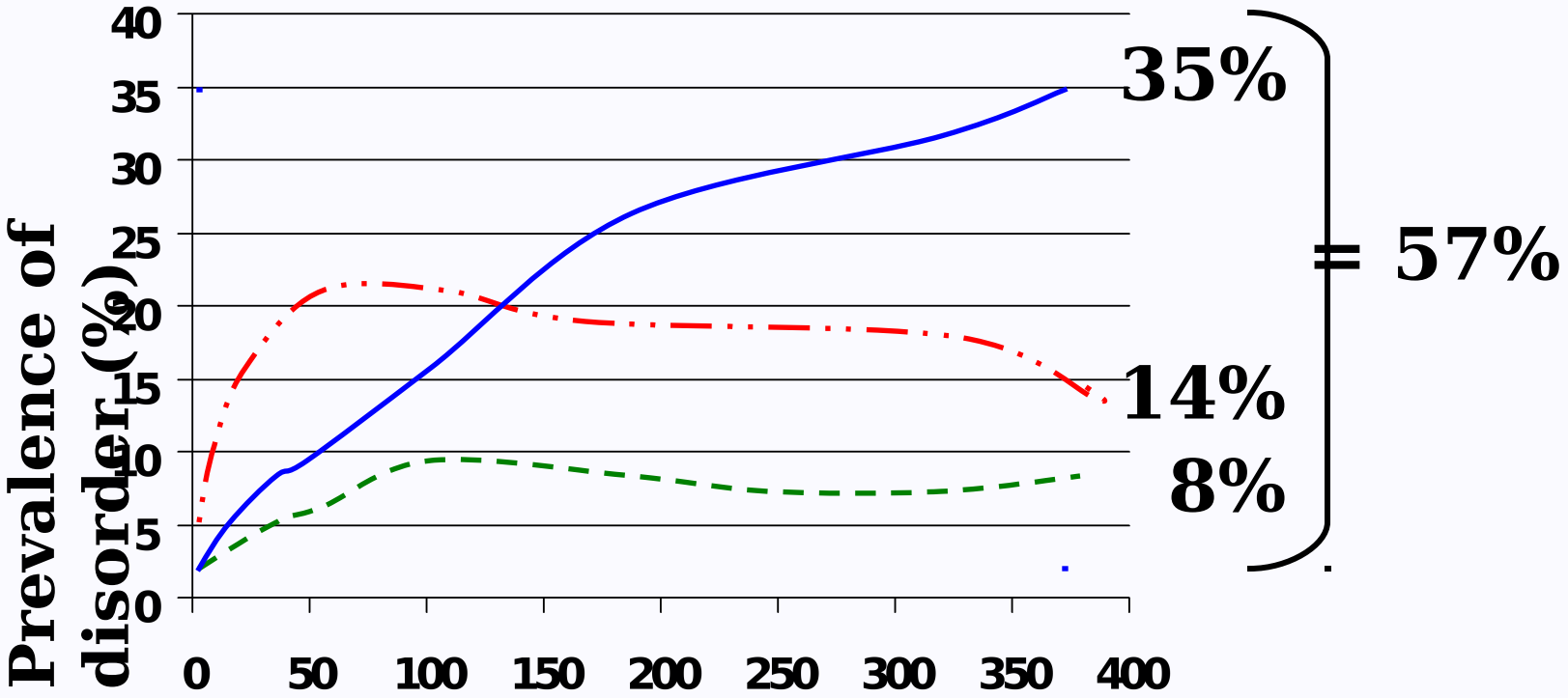


# Heterogeneity of Alcohol Use: Diagnosis




Johnson et al., *The Lancet* 361:1677-1685, 2003

# Alcohol Disorders in Heavy Drinkers




Johnson et al., *The Lancet* 361:1677-1685, 2003

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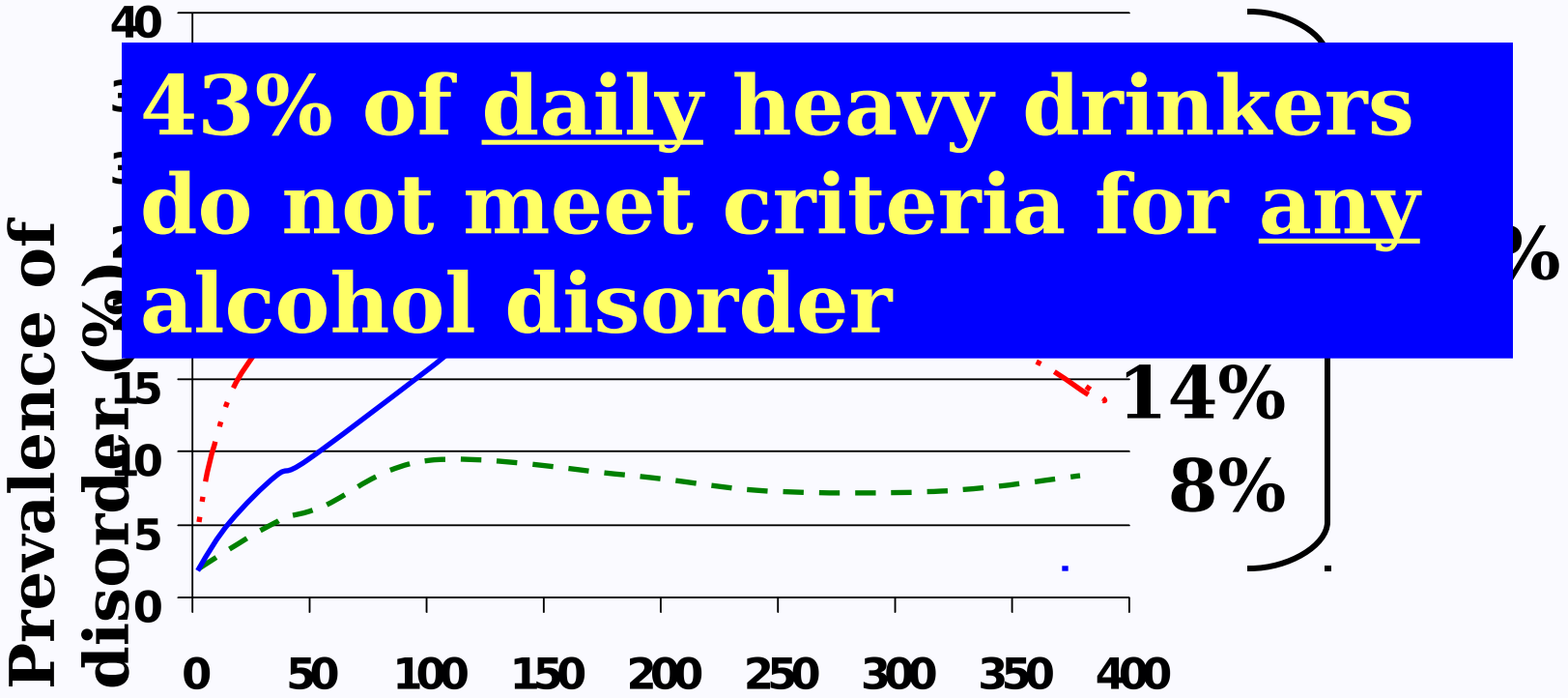


Johnson et al., *The Lancet* 361:1677-1685, 2003

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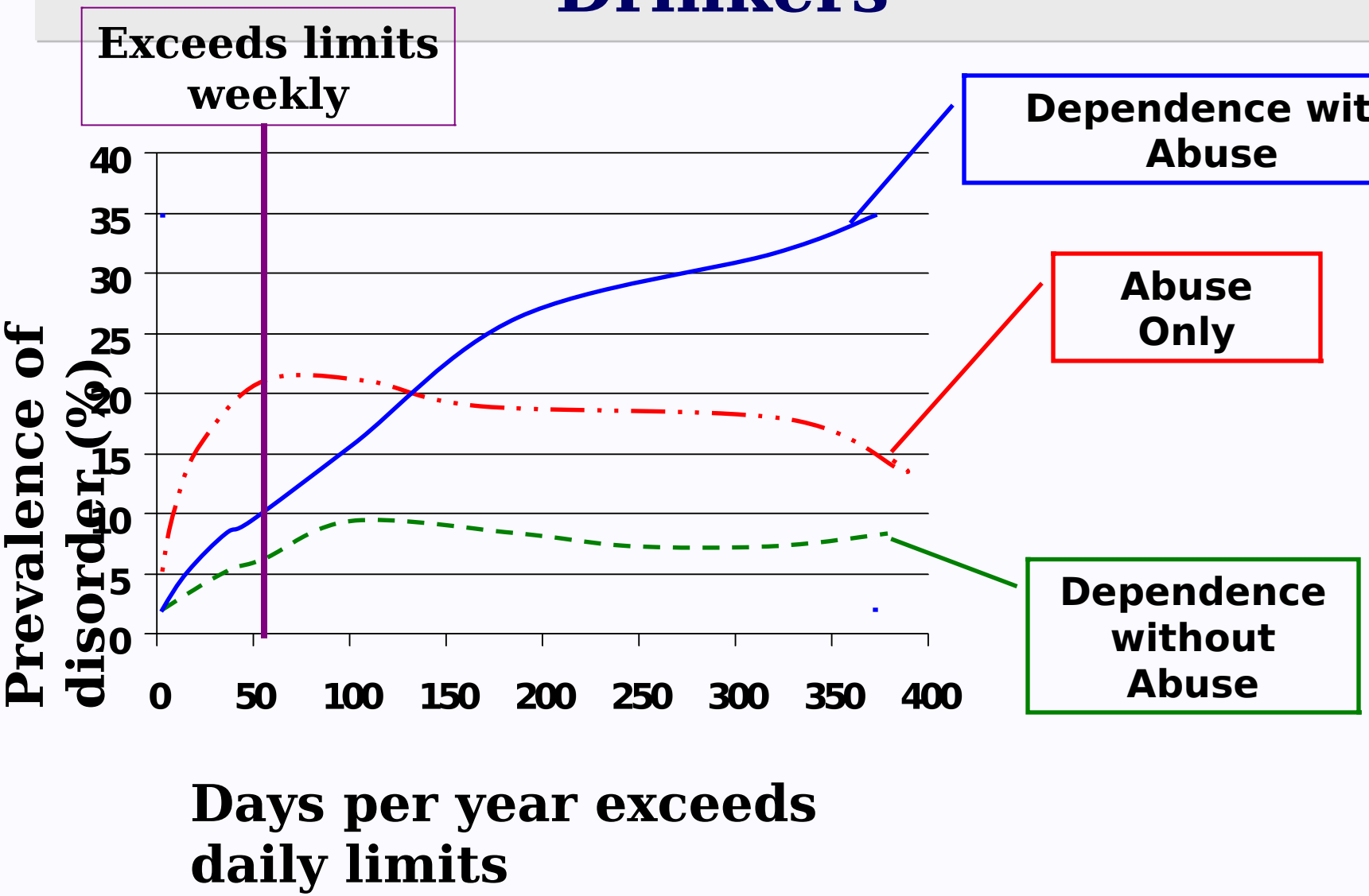
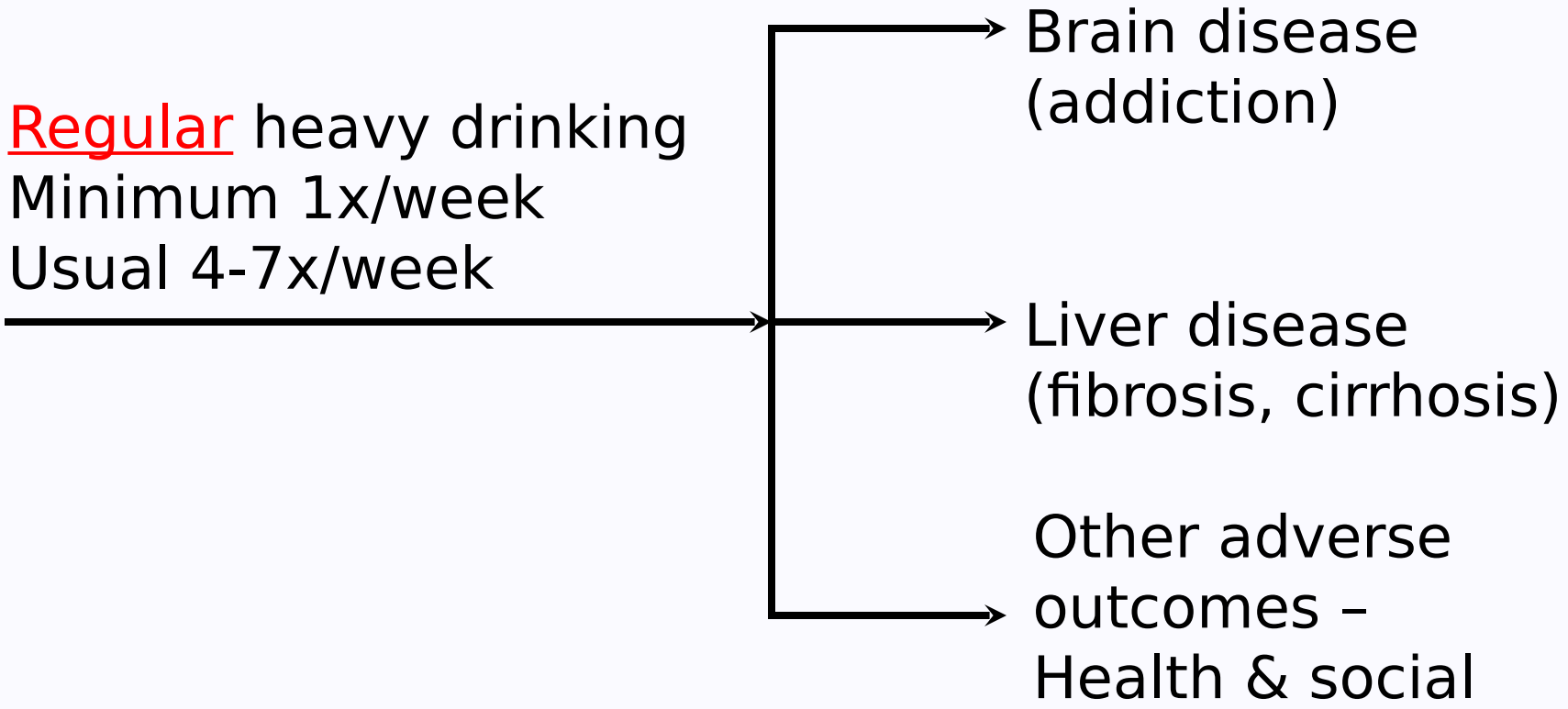
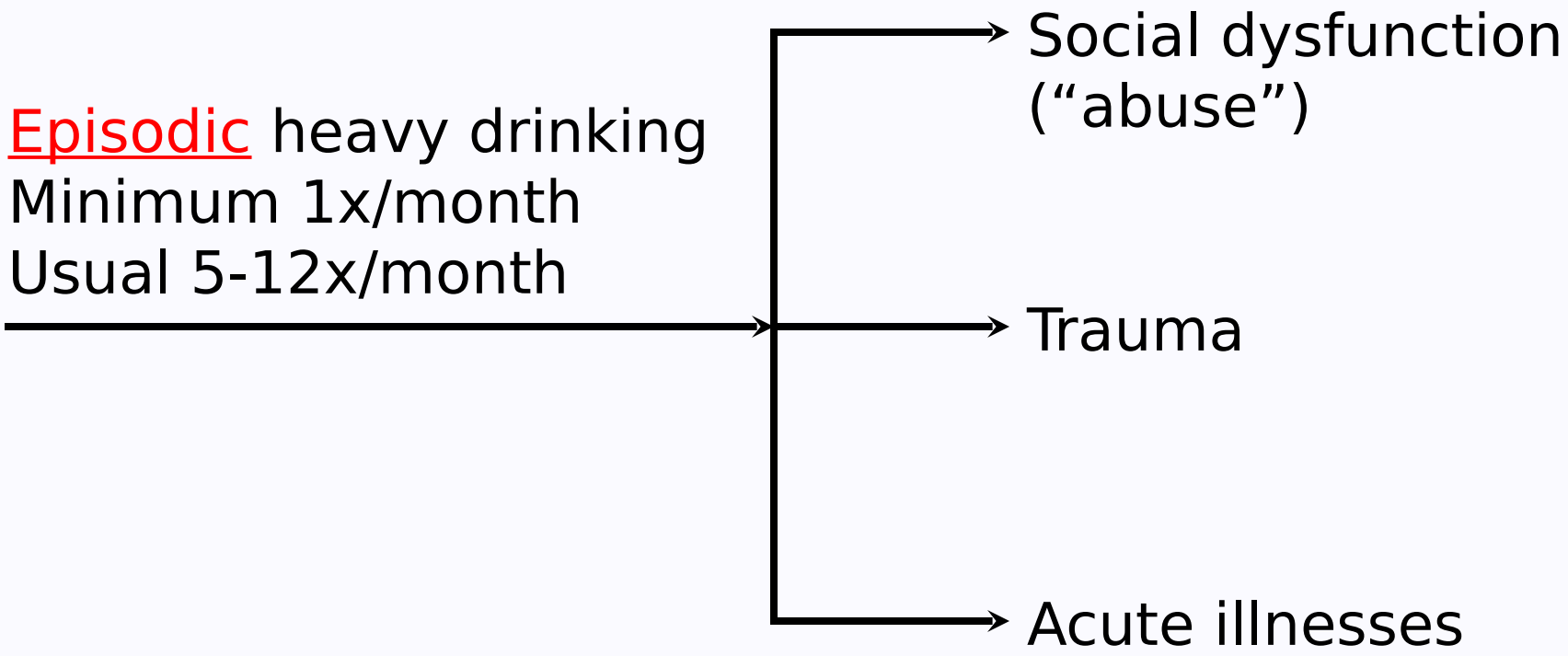



Johnson et al., *The Lancet* 361:1677–1685, 2003

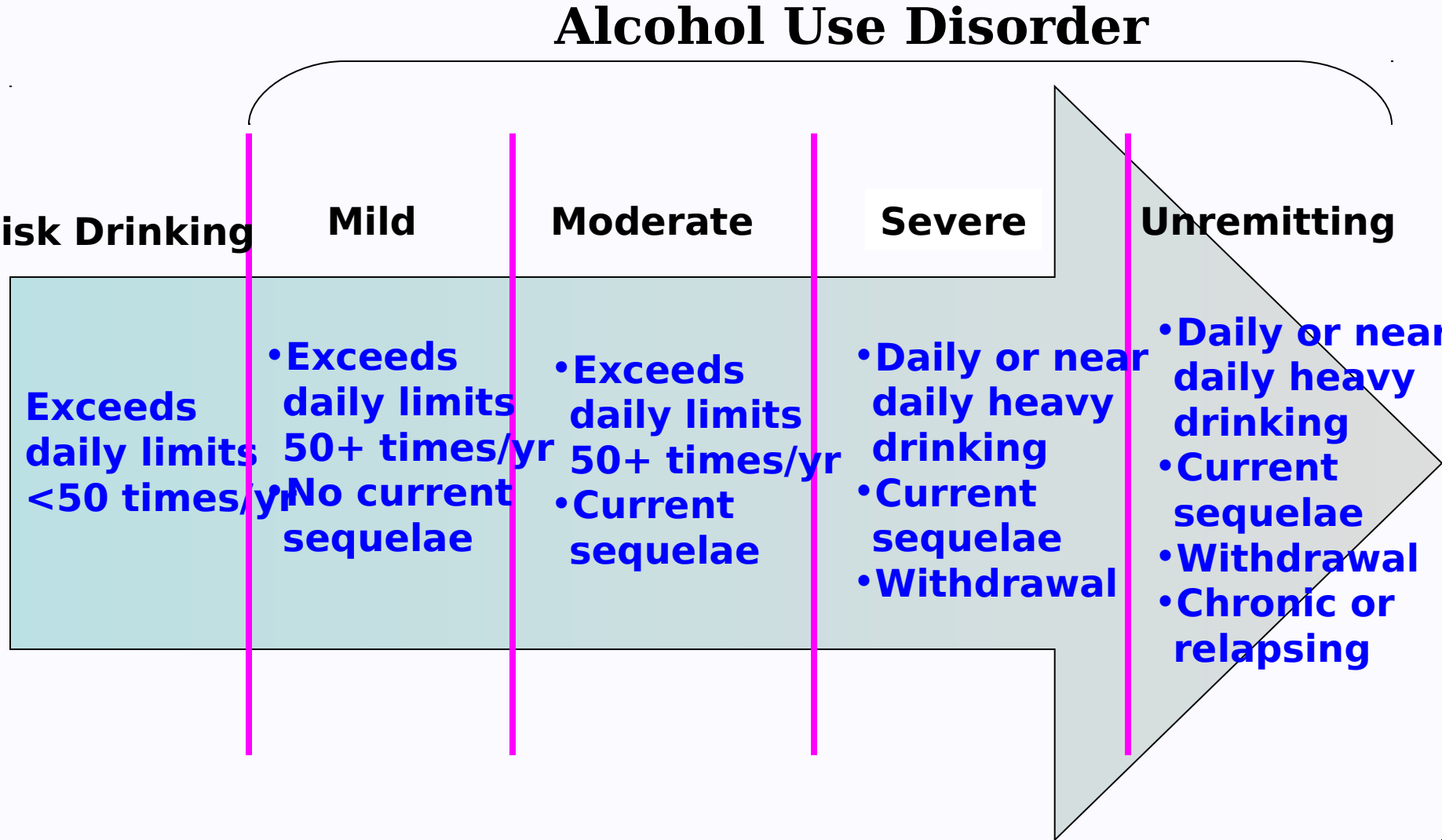
# Risk model of regular heavy drinking and adverse outcomes



# Risk model of episodic heavy drinking and adverse outcomes



# Dimensional Diagnosis of Alcohol Use Disorder?



# Implications for a Continuum of Care

**Selective Prevention**

**Risk Drinking**

**Mild**

- Facilitated Self-Change
- Brief Motivational Counseling
- Widespread availability
  - Internet
  - Toll-free telephones
  - Bookstores
  - Schools & workplaces
  - Churches
  - Criminal justice system

# I … n

Next step

- Primary care
- General mental health care
- Bulk of people needing treatment are here
- Pharmacotherapy
- Outpatient behavioral treatment
- Remission oriented rehabilitation programs

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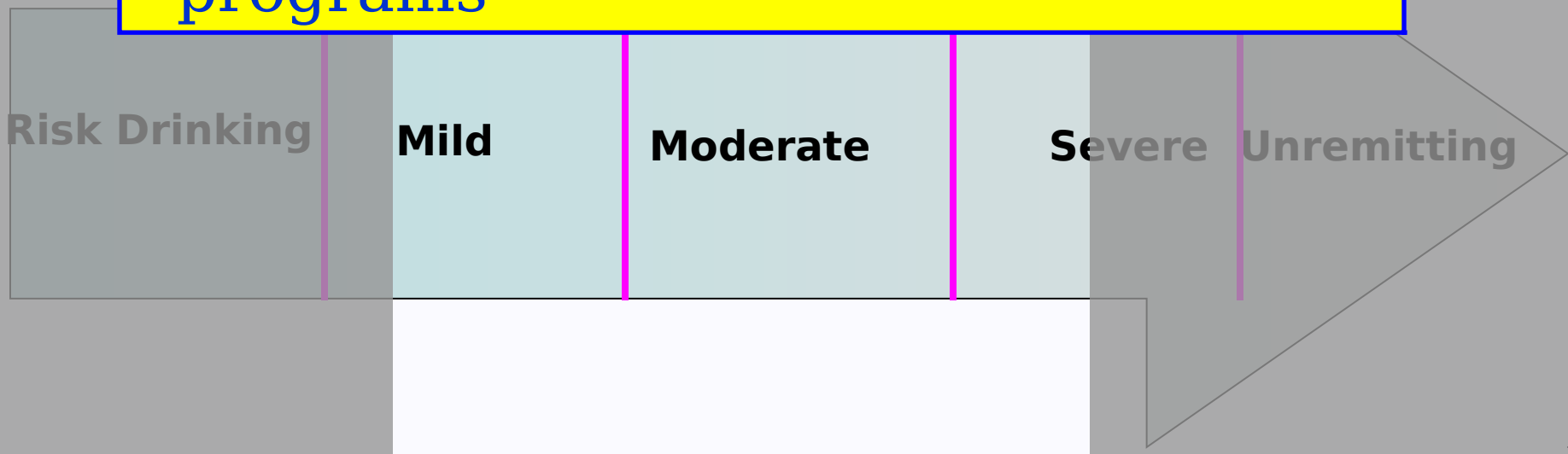
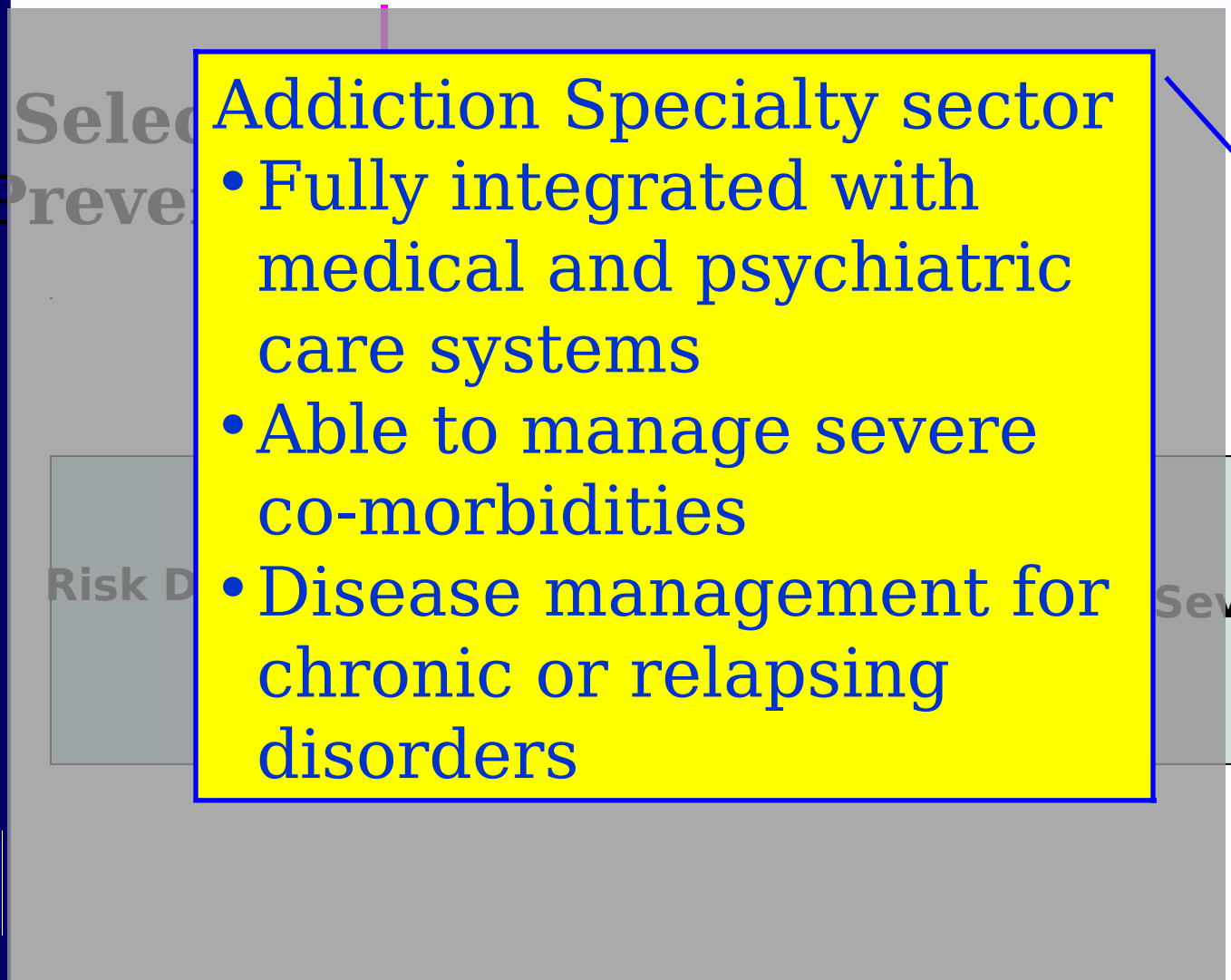





NIAAA

# Implications for a Continuum of Care




Addiction Specialty sector

- Fully integrated with medical and psychiatric care systems
- Able to manage severe co-morbidities
- Disease management for chronic or relapsing disorders

# Implications for current treatment programs

- **Increased case finding and referral**
  - **Need for increased capacity**
  - **Reconfiguration**
    - **Linkages and coordination**
    - **Remission oriented treatment and disease management**
  - **Funding**
  - **Workforce development**

# Implications for current treatment programs

- **Workforce development**
- **Need to develop true specialty care system**
  - **Integrated addiction, psychiatric, physical health care and social services**
  - **Chronic disease management**
- **Need to improve appeal**
  - **Collaborative approach**
  - **Customer service**

# Implications for social work practitioners and addiction specialists

- Enhanced visibility
- Leadership role in reconfiguration
- Link between addiction specialty treatment and other care settings/specialties
- Pressing need for enhanced training at the undergraduate, post-graduate level, and continuing education level

# Implications for Research

- "Natural" change – Person within the Environment
- Culturally sensitive interventions for currently drinking patients
- Medications management
- Disease management models

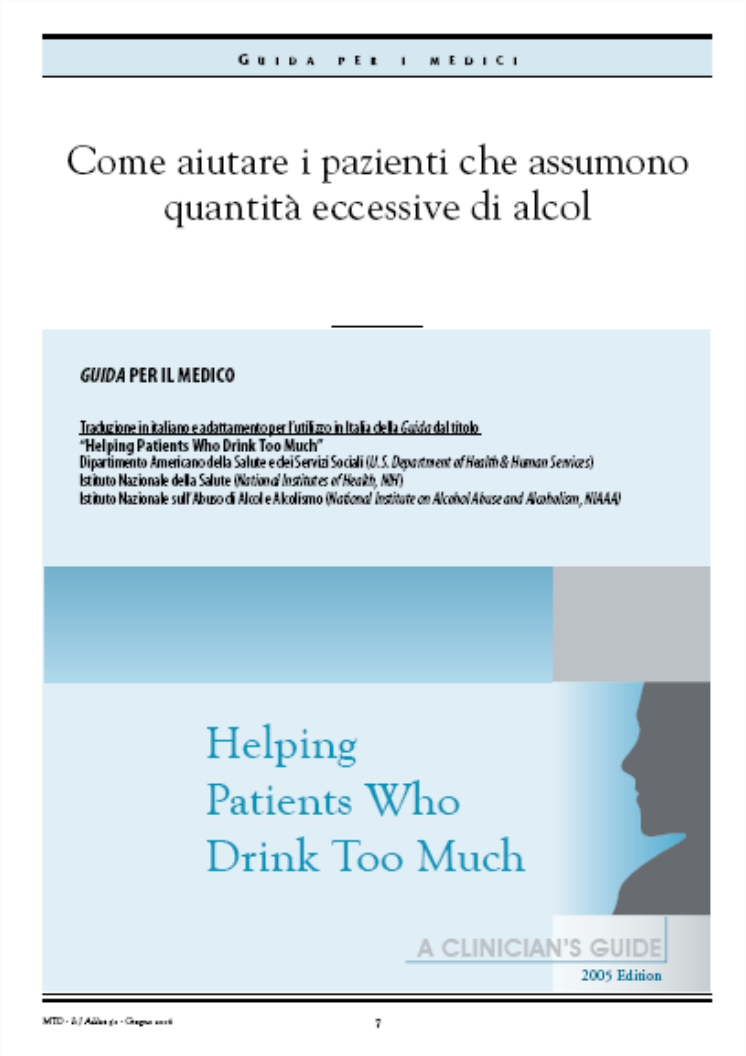
# Implications for Research

- **Health services research**
  - **Context of Care**
  - **Training and Staffing**
  - **Emphasizing “Services”**
  - **Addressing Barriers**
    - **Client, Practitioner, Structural**
  - **Use of Technology**

# How Can We Address the Public Health Burden of Excessive Alcohol Use More Effectively?

**Answer: A continuum of care that considers disease heterogeneity is one potential way**

# NIAAA Clinicians Guide-2005 Edition

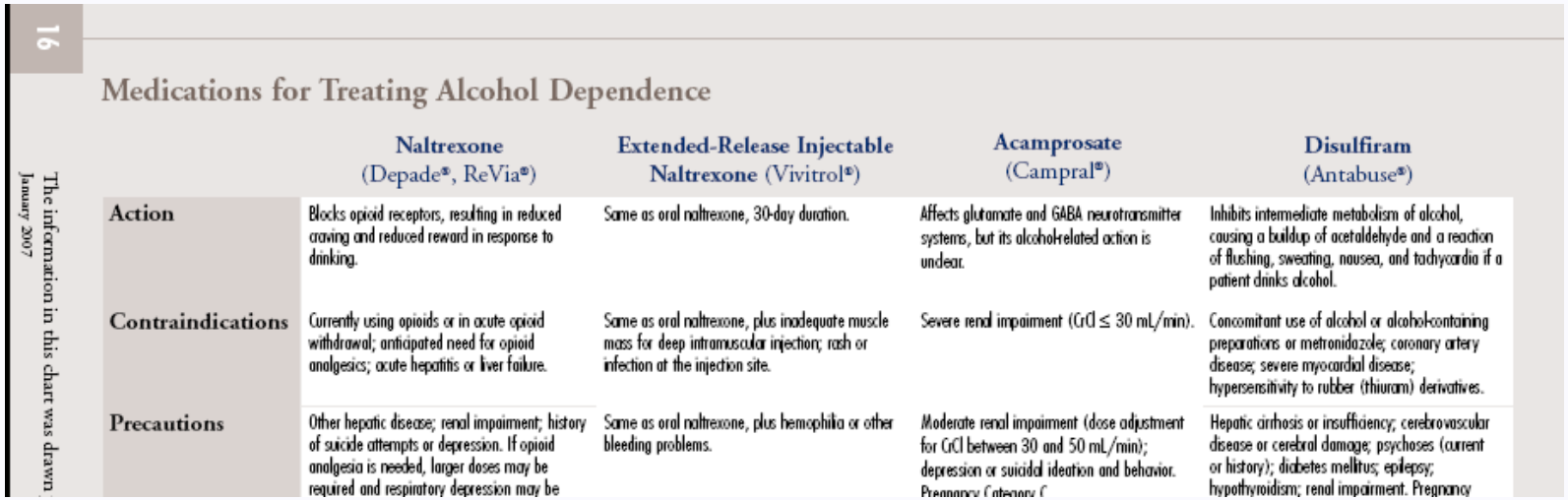



- 140,000 copies distributed
- Used in many medical schools
- Adopted by behavioral health care agencies

# 2007 Update to the Guide

## Updated medications information

- ✓Extended release naltrexone for injection
- ✓Results from COMBINE trial



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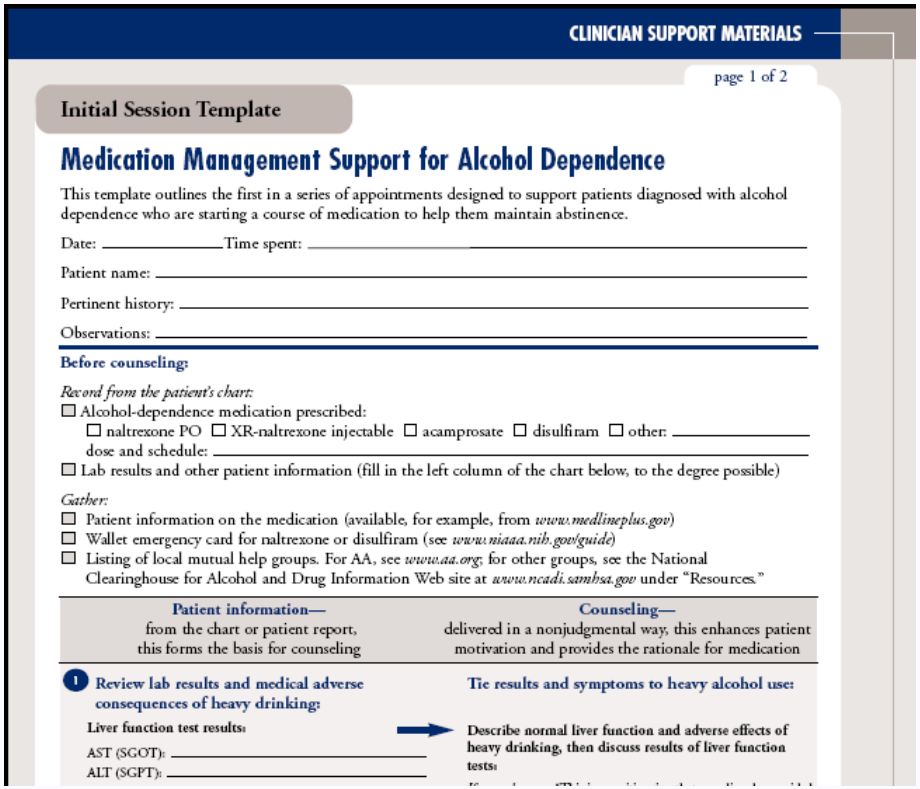
The information in this chart was drawn

January 2007

### Medications for Treating Alcohol Dependence

| | Naltrexone (Depade®, ReVia®) | Extended-Release Injectable Naltrexone (Vivitrol®) | Acamprosate (Campral®) | Disulfiram (Antabuse®) |
|---|---|---|---|---|
| **Action** | Blocks opioid receptors, resulting in reduced craving and reduced reward in response to drinking. | Same as oral naltrexone, 30-day duration. | Affects glutamate and GABA neurotransmitter systems, but its alcohol-related action is unclear. | Inhibits intermediate metabolism of alcohol, causing a buildup of acetaldehyde and a reaction of flushing, sweating, nausea, and tachycardia if a patient drinks alcohol. |
| **Contraindications** | Currently using opioids or in acute opioid withdrawal; anticipated need for opioid analgesics; acute hepatitis or liver failure. | Same as oral naltrexone, plus inadequate muscle mass for deep intramuscular injection; rash or infection at the injection site. | Severe renal impairment (CrCl ≤ 30 mL/min). | Concomitant use of alcohol or alcohol-containing preparations or metronidazole; coronary artery disease; severe myocardial disease; hypersensitivity to rubber (thiuram) derivatives. |
| **Precautions** | Other hepatic disease; renal impairment; history of suicide attempts or depression. If opioid analgesia is needed, larger doses may be required and respiratory depression may be | Same as oral naltrexone, plus hemophilia or other bleeding problems. | Moderate renal impairment (dose adjustment for CrCl between 30 and 50 mL/min); depression or suicidal ideation and behavior. Pregnancy Category C | Hepatic cirrhosis or insufficiency; cerebrovascular disease or cerebral damage; psychoses (current or history); diabetes mellitus; epilepsy; hypothyroidism; renal impairment. Pregnancy |

# 2007 Update to the Guide



CLINICIAN SUPPORT MATERIALS

page 1 of 2

Initial Session Template

**Medication Management Support for Alcohol Dependence**

This template outlines the first in a series of appointments designed to support patients diagnosed with alcohol dependence who are starting a course of medication to help them maintain abstinence.

Date: _____ Time spent: _____

Patient name: _____

Pertinent history: _____

Observations: _____

**Before counseling:**

*Record from the patient's chart:*

☐ Alcohol-dependence medication prescribed:
☐ naltrexone PO ☐ XR-naltrexone injectable ☐ acamprosate ☐ disulfiram ☐ other: _____
dose and schedule: _____
☐ Lab results and other patient information (fill in the left column of the chart below, to the degree possible)

*Gather:*

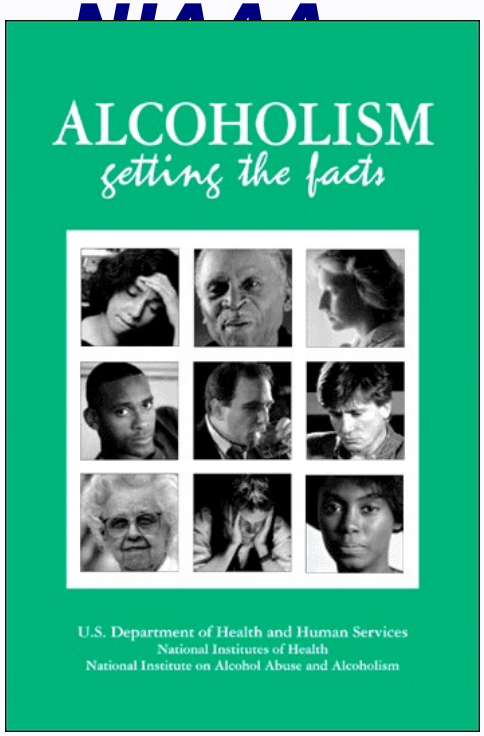
☐ Patient information on the medication (available, for example, from *www.medlineplus.gov*)
☐ Wallet emergency card for naltrexone or disulfiram (see *www.niaaa.nih.gov/guide*)
☐ Listing of local mutual help groups. For AA, see *www.aa.org*; for other groups, see the National Clearinghouse for Alcohol and Drug Information Web site at *www.ncadi.samhsa.gov* under "Resources."

| **Patient information—** from the chart or patient report, this forms the basis for counseling | **Counseling—** delivered in a nonjudgmental way, this enhances patient motivation and provides the rationale for medication |
|---|---|
| **1 Review lab results and medical adverse consequences of heavy drinking:** | **Tie results and symptoms to heavy alcohol use:** |
| **Liver function test results:** AST (SGOT): _____ ALT (SGPT): _____ | → **Describe normal liver function and adverse effects of heavy drinking, then discuss results of liver function tests:** |

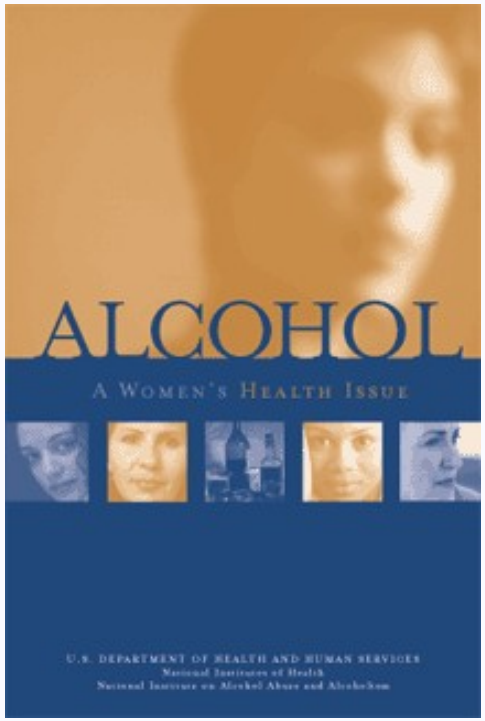
## Medication management support tools

- ✓For non-specialist health professionals
- ✓Provides behavioral platform for patients receiving medications
- ✓Based on

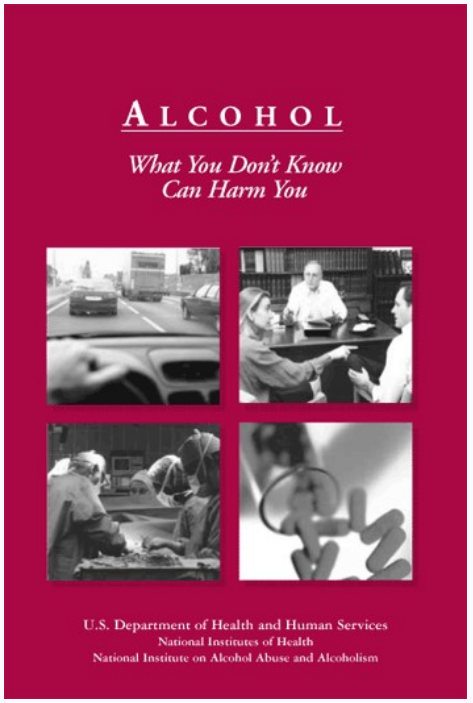
# Examples of Free Patient Education Materials from NIAAA




***Alcoholism: Getting the Facts***

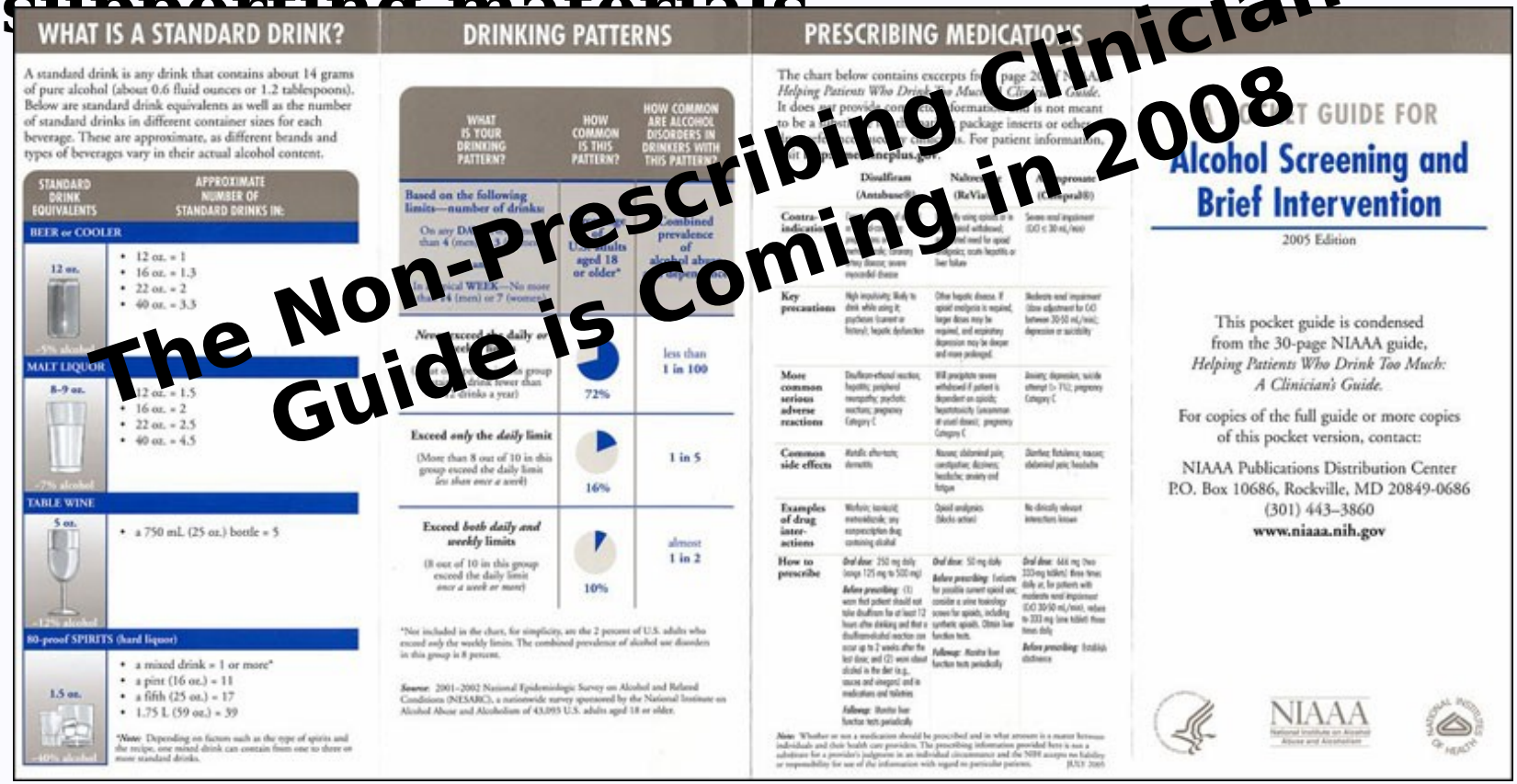



***Alcohol: A Women's Health Issue***




***Alcohol: What You Don't Know Can Harm You***

# NIAAA also offers a condensed Pocket Guide that features the same steps and many of the supporting materials




**The Non-Prescribing Clinician's Guide is Coming in 2008**

# 2008 Non-Presribing Clinician's Guide

## Additional online support

- ✓Dedicated web page
- ✓Patient education materials
- ✓Pre-formatted progress notes
- ✓Animated slide show for training
- ✓Interactive web training (2008/9)

www.niaaa.nih.gov/gu